

Congressman Kenny Hulshof

Privacy Authorization Form

Name: _____ **E-mail:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Social Security No.: _____-_____-_____ **Date of Birth:** _____

Federal Agency: _____ **Claim Number:** _____

Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.

[illegible]


(Use additional sheets as necessary)

In accordance with the Privacy Act of 1974, I hereby authorize Congressman Kenny Hulshof, or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above.


Signature

Date _____

Please return this form and documentation to the district office closest to you:

 33 East Broadway, Suite 280
 Columbia, MO 65203
 Phone: (573) 449-5111
 Fax: (573) 449-5312

516 Jefferson Street
Washington, MO 63090
Phone: (636) 239-4001
Fax: (636) 239-1987

 201 North 3rd Street
Hannibal, MO 63401
Phone: (573) 221-1200
Fax: (573) 221-5349